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CONFIRMATION NO. 9523

SERIAL NUMBER 10/799,174	FILING OR 371(c) DATE 03/12/2004 RULE	CLASS 340	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. 06_SAF_27
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APPLICANTS

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**** CONTINUING DATA**

This appln claims benefit of 60/455,059 03/14/2003

**** FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 05/28/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature Initials
	STATE OR COUNTRY WI
	SHEETS DRAWING 4
	TOTAL CLAIMS 21
	INDEPENDENT CLAIMS 7

ADDRESS

52944

TITLE

Method and apparatus for identifying a missing individual

FILING FEE RECEIVED 591	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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